03500.008301.1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

7					
In re Application of:)				
	:	Examiner: S. Loke			
MASAKAZU MORISHITA)		j:		
	:	Group Art Unit: 2811			
Application No.: 08/250,942)	_	TECHNOL		
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Filed: May 31, 1994)	į. V	OC.	C	250
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For: SEMICONDUCTOR DEVICE)	December 6, 2002	CEN	<u>.</u>	<
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Commissioner for Patents	A .	# *** *********************************	30		

PRELIMINARY AMENDMENT

Sir:

Prior to issuance of a first action, please amend the above-identified File

Wrapper Continuing application as follows:

IN THE TITLE

Please replace the title on file with the following title:

--SEMICONDUCTOR DEVICE INCLUDING A GATE-INSUI

TRANSISTOR--

IN THE CLAIMS

Please cancel Claims 23 and 34 without prejudice and without disclaimer of subject matter.

Washington, D.C. 20231

In re Application of:

MASAKAZU MORISHITA

Application No.: 08/250,942

Filed: May 31, 1994

Washington, D.C. 20231

For: SEMICONDUCTOR DEVICE

THE COMMISSIONER FOR PATENTS

Docket No. 03500.008301.1

Examiner: S. Loke

Group Art Unit: 2811

Date: December 6, 2002

Sir:

Transmitted herewith is an amendment in the above-identified are

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 33	MINUS	** 35	= 0	x \$9 \$18	\$ 000.00
INDEP. CLAIMS	* 3	MINUS	***	0	x \$42 \$84	\$ 000.00
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				\$ 000.00		

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3"—in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney/for Applicant Registration No. 38586
DITTO	DATRICK CELLA HARRED O CONTO

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

Form #120

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